Based on Survey of Patients' Hospital Experiences (HCAHPS)

Provider Number	Hospital Name	Address 1
210035	CIVISTA MEDICAL CENTER	5 GARRETT AVENUE
030121	MOUNTAIN VISTA MEDICAL CENTER, LP	1301 SOUTH CRISMON ROAD
050222	SHARP CHULA VISTA MEDICAL CENTER	751 MEDICAL CENTER COURT
140033	VISTA MEDICAL CENTER WEST	2615 WASHINGTON ST
140084	VISTA MEDICAL CENTER EAST	1324 NORTH SHERIDAN ROAD

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Based on Survey of Patients' Hospital Experiences (HCAHPS)

Address 2	Address 3	City	State
		LA PLATA	MD
		MESA	AZ
		CHULA VISTA	CA
		WAUKEGAN	IL
		WAUKEGAN	IL

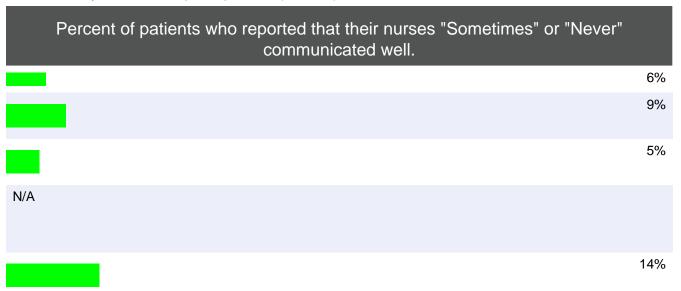
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Based on Survey of Patients' Hospital Experiences (HCAHPS)

ZIP Code	County Name	Phone Number
20646	CHARLES	3016094265
85209	MARICOPA	4803586100
91911	SAN DIEGO	6195025800
60085	LAKE	8472493900
60085	LAKE	8473604000

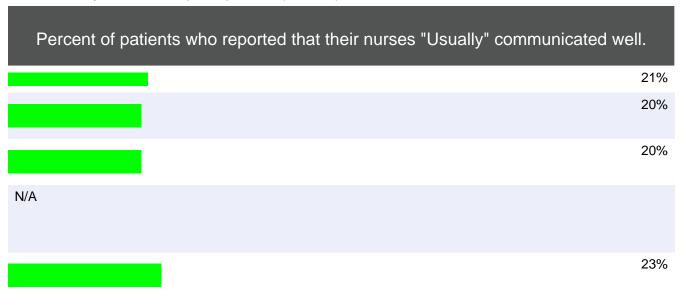
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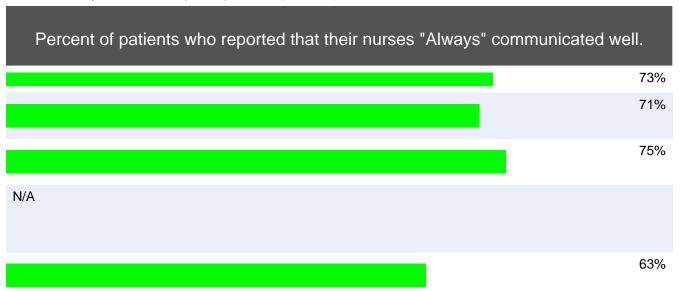
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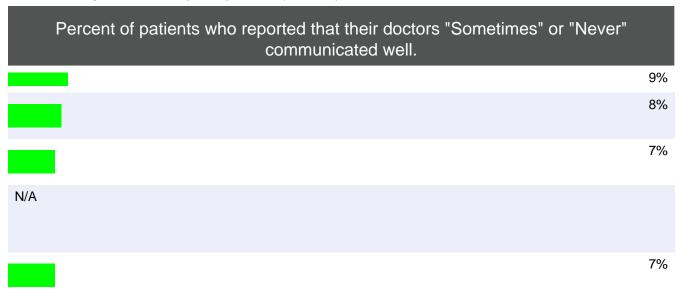
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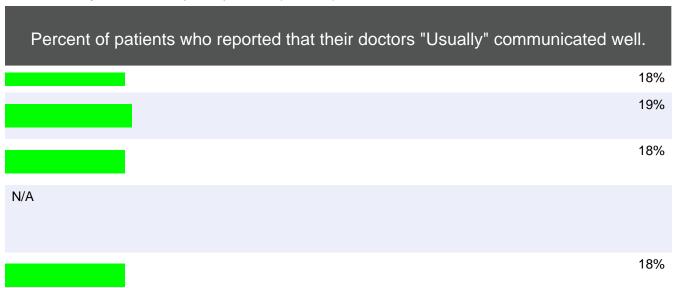
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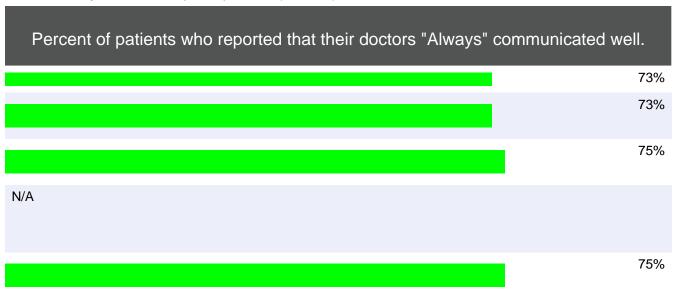
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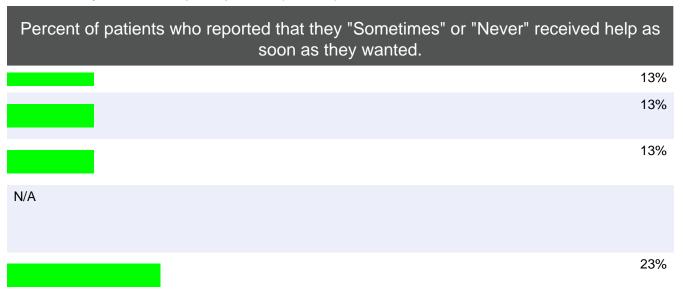
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Based on Survey of Patients' Hospital Experiences (HCAHPS)



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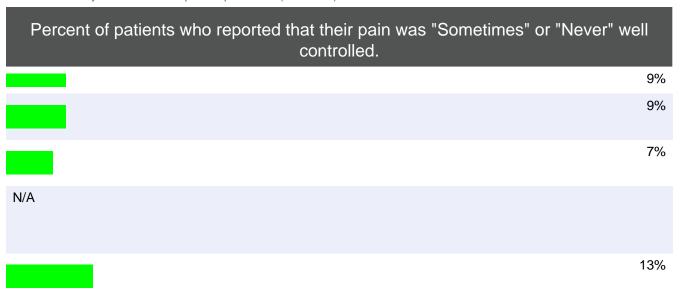
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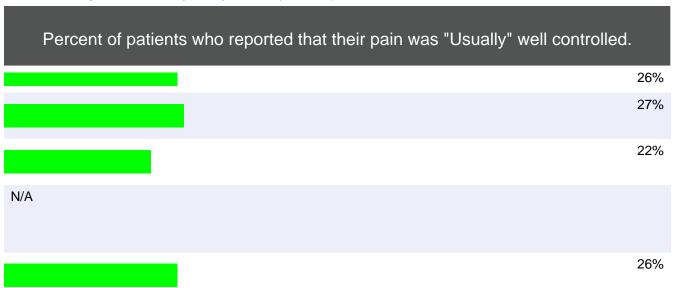
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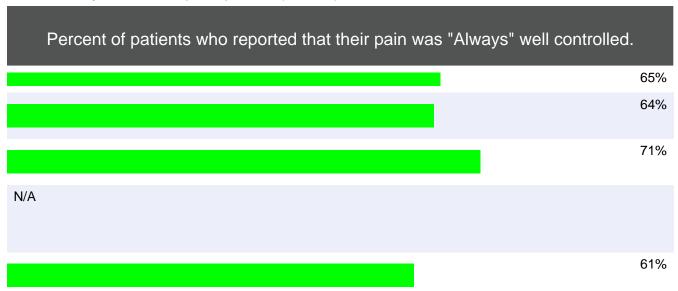
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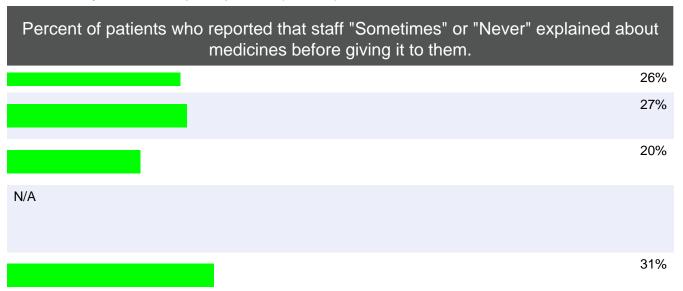
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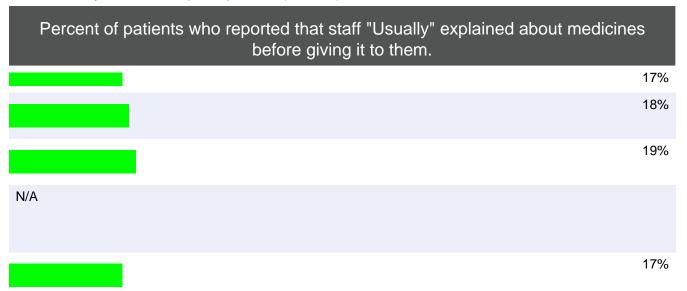
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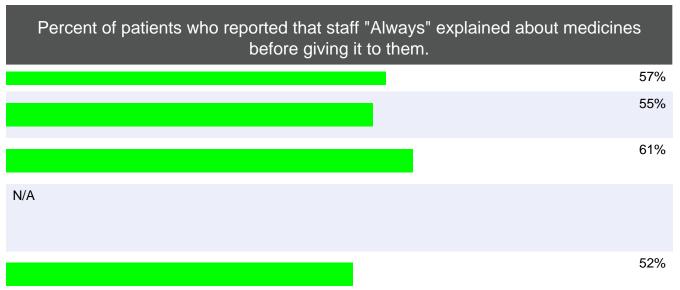
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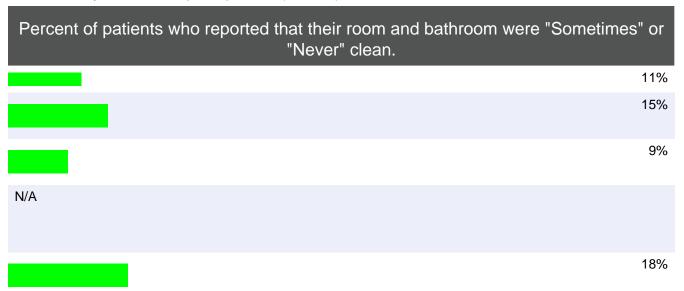
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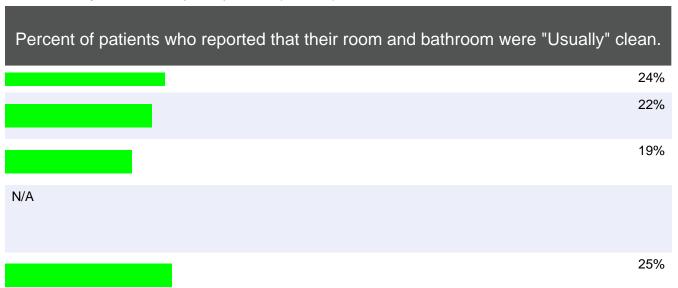
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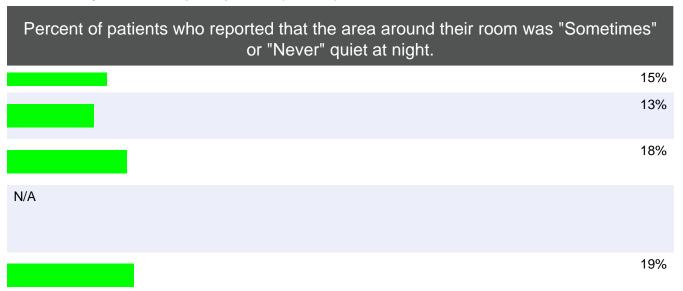
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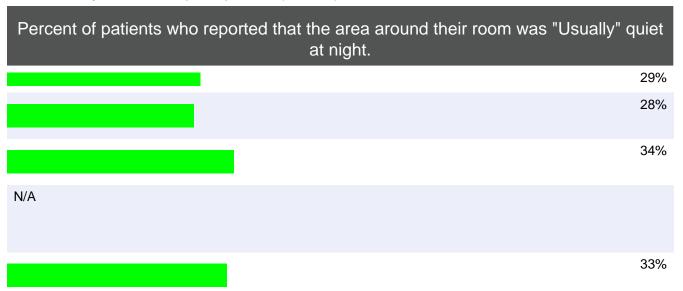
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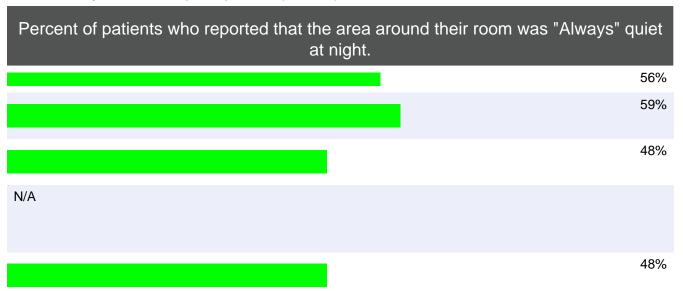
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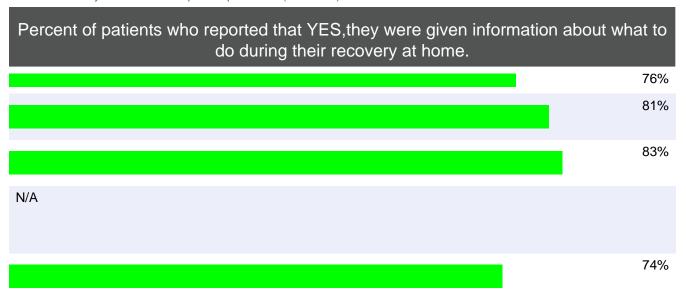
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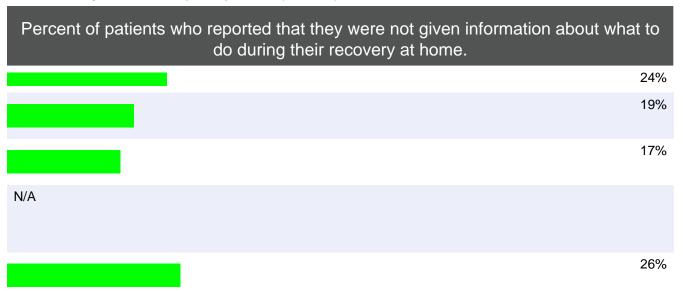
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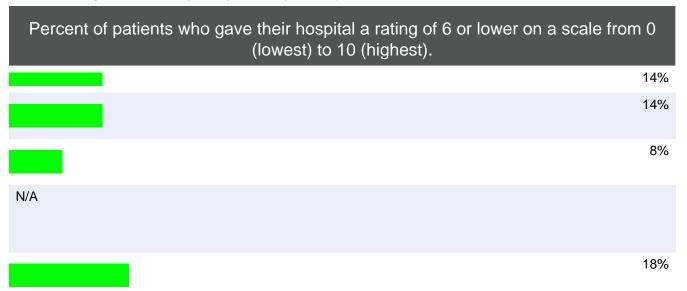
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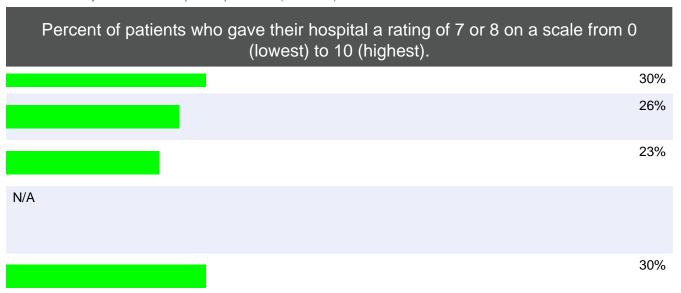
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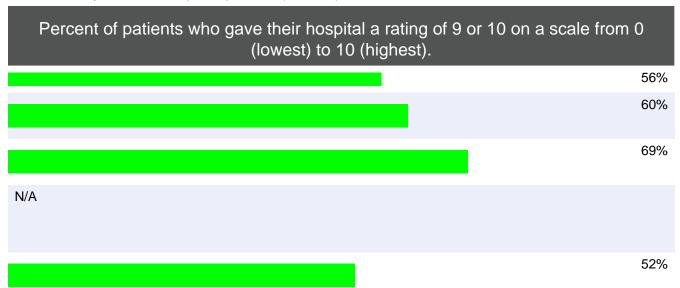
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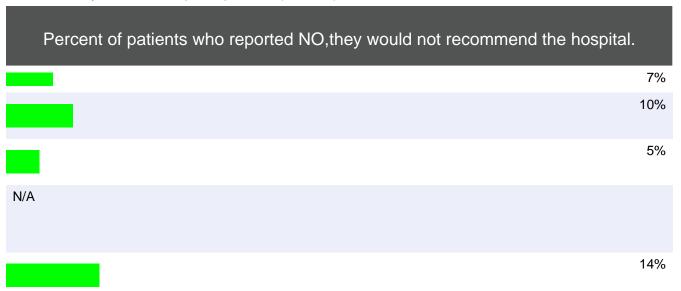
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Based on Survey of Patients' Hospital Experiences (HCAHPS)

	Number of Completed Surveys
300 or more	
300 or more	
300 or more	
N/A	
300 or more	

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Based on Survey of Patients' Hospital Experiences (HCAHPS)

	Survey Response Rate Percent		Survey Footnote
		30%	
		27%	
		32%	
N/A			No or very few patients were eligible for the HCAHPS survey. The scores shown, if any, reflect a very small number of surveys
		20%	

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Based on Survey of Patients' Hospital Experiences (HCAHPS)

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Hospital Footnote	

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